



Participatory Practices: Learning From Experience

10

Partnership Among Government Officials and Local Communities:

Community Involvement in Management of Environmental Pollution (CIMEP) in Tunisia

THE CHALLENGE

In cities with inadequate infrastructure and services for residents, those living in urban or peri-urban neighborhoods are exposed to numerous environmental health threats. Most of the peri-urban poor live in crowded areas without basic sanitation or clean water. They are often ignored by central governments, given inadequate services, provided with ill-suited projects by local governments, and have minimal influence over public moneys.

In January 1995, USAID, through the Environmental Health Project (EHP), initiated an 18-month pilot project in Tunisia focusing on the peri-urban poor of two secondary cities: Sousse, a resort city on the coast, and Kasserine, an inland, industrial town. Titled "Community Involvement in the Management of Environmental Pollution (CIMEP)," this project was designed to develop partnerships among national decision-makers, municipalities and local communities so that together, these stakeholders could extend municipal services to peri-urban communities.

PARTICIPATORY PRACTICE: Partnering and Team-building

CIMEP evolved out of the lessons learned from USAID's 14-year Water and Sanitation for Health (WASH) Project -- the predecessor to EHP. The most important lesson learned was that infrastructure investment alone was insufficient for achieving long-term improvements in well being. The CIMEP methodology includes four main components: skill-building workshops, follow-up activities, policymaker roundtables, and microproject interventions. CIMEP's key characteristics are that 1) training happens over a long period; 2) it targets

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Chanya Charles drafted Participatory Practice #10 after extensive consultation with Margo Kelly of EHP, staff from USAID/G, and a thorough review of available documentation. October 1997.

participation and behavior change of both municipal officers and local citizens; and 3) it includes buy-in of high-level decision-makers to overcome constraints and to support scaling up the approach.

Getting Started

After the towns and communities were selected, a local Tunisian team conducted a four-week assessment of the environmental health, socio-economic conditions, and municipal context within each city. EHP then formed a CIMEP management and monitoring team with key in-country specialists that included an economist, a trainer in community participation, and a public health hygienist. Based on the results of the assessment, the CIMEP team developed a detailed workplan and designed three skills-building workshops. The team also facilitated the selection of members for the *equipe municipale elargie* (EME), "enlarged municipal team." The actual selection was done by government officials based on clearly agreed-upon criteria. The EME included a variety of technical and municipal administrative staff from the chosen community sites as well as local community leaders and NGO representatives. There was one EME for each city. Seven people, ranging from municipal engineers to nurses and teachers, were chosen for each team.

Training Workshops and Microprojects

The goal of the training was to establish cross-sectoral teams that could ensure that appropriate community-level environmental health interventions would be implemented and sustained. Topics covered in the workshops included understanding environmental health, data gathering skills, and communication skills. Teams also learned participatory assessment and problem-solving skills. Three five-day training workshops occurred between June and December 1995. At the end of each workshop, the teams developed a detailed plan of action for the following two months. These follow-up activities ensured that the newly acquired workshop skills were put into practice. A local trainer worked with the EME teams in the local communities to implement the newly learned methods and to make note of the findings and observations.

The last skill building workshop focused on implementation of community-level interventions, or "microprojects." Various options for microprojects were discussed during focused dialogue between municipal staff and community residents. At community meetings, environmental health problems were identified and prioritized based on a consensus-building process that considered both the community and municipal technical staff viewpoints. Technicians and community representatives discussed environmental health problems and alternative solutions, and then chose interventions that best addressed their needs. Proposals were submitted to a committee of municipal technicians and community representatives, and microprojects were selected based on criteria developed by the EME, policymakers and community members. Local NGOs administered the funds for each project. The microprojects included rehabilitating houses, paving streets, widening wastewater pipes, building a bridge, and providing color-coded waste bins for separating organic and nonorganic waste.

Policymaker Roundtables

Having the support of policymakers at all levels was critical to CIMEP's success. Before the project started, roundtables were sponsored in each city bringing together elected municipal officials, high-level administrative staff, and NGO representatives. The purpose of these meetings was to determine existing constraints to participatory efforts to improve the overall functioning of the municipality, to build the policy support needed to sustain the project, and to enlarge the circle of stakeholders. The roundtable meetings continued throughout the project, occurring before each EME skill building workshop. The roundtables kept the national-level officials aware of the CIMEP program and thinking about constraints and solutions for implementing this program as well as future environmental health programs. These day long meetings included staff from the Ministries of Health, Environment, Housing and Interior; the mayors and city managers of Sousse and Kasserine; and the EME team leaders. These meetings gave EME teams an opportunity to inform the ministries of the progress of the training sessions and follow-up activities as well as to discuss constraints to the CIMEP process, such as a need to modify municipal working hours to enable staff to meet when community members were available.

OUTCOMES

As a result of the CIMEP process, government officials and the local population better understood the ways that environmental conditions impact physical and mental health. People began to corral animals, build latrines, use trash containers, and clean up neighborhood garbage. The behavior of municipal officials also changed. They came to see that poor communities have resources to offer and began to use participatory methods with community members to identify and develop activities dealing with the priority environmental health issues.

At the end of the training sessions, EME members and government officials attended a project finalization workshop to evaluate the CIMEP process. Participants discussed the lessons learned from CIMEP and developed a strategy for scaling up. A training of trainers' workshop was held to develop a cadre of CIMEP trainers. The government of Tunisia has now secured funding through the World Bank to scale up the CIMEP approach to other cities in Tunisia. In addition to Tunisia, EHP has implemented this approach in Belize, Ecuador, Zambia, Bolivia and Benin.

DISCUSSION POINTS

1) Differing concepts of participation can hinder the use of participatory techniques by stakeholders and the policy changes required to sustain them. Initially, Tunisian officials defined participation as the government choosing a project with the community "participating" by providing labor and money. In redefining the concept to one in which community members chose and directed their own projects, there was fundamental change in the way municipal actors interact with their clients.

EME members found that, within the communities, environmental health issues were

defined as more than just sanitation or solid waste and wastewater problems. For example, they discovered that in certain communities the women discarded waste on the streets not because they failed to notice newly installed bins, but because the waste was feed for their sheep and goats. In terms of municipal planning, defining the problems changed from "how do we bring sanitation to an entire neighborhood?" to "**why** do some neighborhoods dispose of their organic waste indiscriminately?" By focusing on behavior that could be changed, municipal teams began to address the root causes of environmental health problems.

2) Governments are not always comfortable in either acknowledging or publicizing data on environmental health. This is especially true in countries, such as Tunisia, where tourism is an important source of revenue. Thus, it is important to involve local officials in the data-gathering process so they will have "ownership" of the results. For example, although useful and informative, the assessment did not create support and consensus for CIMEP as it should have. Even though the team conducting the assessment was all Tunisian, local- and high-level officials did not accept the results as valid. The lesson learned here was that stakeholders must own the data if it is to be used by them. In response to this lesson, CIMEP in Benin involved government officials before the assessment.

3) The formal workshops helped provide orientation and team formation while the follow-up activities ensured that the newly acquired workshop skills were applied in a practical way. Follow-up visits, conducted by the trainer who, with help from the EME teams, made a list of findings and observations, had a much greater practical use than did the actual workshops. These follow-up activities and visits laid the groundwork for the EME to establish a formal process of self-analysis.

RESOURCES:

May Yacoob is the developer of the CIMEP approach and was the Project Director in Tunisia.

Environmental Health Project (EHP), 1611 North Kent St., #300, Arlington, VA 22209 USA.
Telephone: (703) 247-8730. Fax: (703) 243-9004. Email: ehp@access.digex.com

Addressing Environmental Health Issues in the Peri-Urban Context: Lessons Learned from CIMEP Tunisia. EHP Activity Report No. 24; September 1996. (PN-ABN-425)

Public Participation in Urban Environmental Management, WASH Technical Report No. 90; March 1994. (PN-ABR-804)

"Creating Sustainable Environmental Health Conditions by Redefining Municipal Roles and Responsibilities: Experience in Tunisia," Paper presented at the U.N. Habitat II Conference, June 1996.

Community Risk Assessment in Tunisia. EHP Activity Report No. 8; June 1995.